

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 267-0644  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://www.drl.state.wi.us>

## CONTROLLED SUBSTANCES BOARD

### Instructions for Translocation and Euthanasia Annual Report

Please read the following instructions carefully.

NOTE: Your special use authorization application will not be processed if this information is incomplete. This could result in lengthy delays in receiving your permit.

1. **Period of Annual Report:** To determine your fiscal year, select a month approximately 60 days prior to the expiration date of your Special Use Authorization to allow for sufficient time to summarize data for the prior year. For example, if your permit expires June 10th, begin your fiscal year April 1st. This gives approximately 60 days to prepare information for your next renewal period.
2. **Shelter Name:** Fill in the shelter name in case your log is separated from your application.
3. **Month/Year:** Begin with the first month of your fiscal year and indicate month and year. Then provide information for the preceding 12 months. You must provide information for 12 months unless this is a new application for a special use authorization. If this is a new application, please estimate the number of animals you expect to euthanize for a 12-month period **and provide justification for that number.**
4. **Weight:** In order to determine appropriate dose, animals should be weighed. This can be done by purchasing an animal scale or weighing while holding the animal on a standard bathroom scale and subtracting the holder's weight. In the case of fractious cats, an educated estimation may be necessary. For an average cat, 10 pounds may be used as an estimate weight. For large dogs that can not be held to weight, carefully estimate the weight to determine appropriate dosage, keeping in mind that adequate dosing is necessary for humane euthanasia and for the safety of the employee.
5. **Total Drugs Used:** Provide information from your controlled substances logs by providing the actual monthly and yearly totals of the amount of drugs used. There are excellent forms for logging controlled substance use in your Euthanasia by Injection training materials. When completing #4 on your application, do not use brand names of drugs.
6. **Premix:** If pre-euthanasia sedation is required, the premix 5:1 ketamine/xylazine is to be used as described in the required Euthanasia by Injection training. Ketamine or xylazine are not to be used alone.
7. **Annual Total:** **You must add up all the columns to provide the annual total of animals, weights and drugs used.** This information will be used to justify the amount of drugs you are requesting on your application. Only the amount justified on this form will be approved.

Translocation and Euthanasia Annual Report for Period \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)

<u>Month/Year</u>	<u>Number of Animals by Species</u>	<u>Total Weight</u>	<u>Total Euthanasia Solution (Pentobarbital)</u>	<u>Total Premix (ketamine/xylazine)</u>
example Jan/20	6 dogs, 12 cats, 3 raccoon,	524#	54 cc	22 cc
<b>Annual Total</b>				